



# The College of Nursing

ABN 43 000 106 829  
NTIS Provider No. 91474

## Diploma of Nursing Enrolment Form

### 1 COURSE DETAILS

Course name .....

Preferred start date  February  April  July  September

### 2 APPLICANT'S DETAILS

EN Registration number: .....

The name on your enrolment form must be **as it appears on your AHPRA registration**

Title (Mr/Mrs/Miss/Ms) ..... Surname .....

Given names ..... Previous name or alias .....

Date of birth        Male  Female

### 3 RESIDENTIAL ADDRESS

Flat/unit and/or street number ..... Street name .....

Suburb ..... State ..... Postcode .....

Home telephone ..... Work telephone .....

Email .....

### 4 POSTAL ADDRESS

As above

Flat/unit and/or street number ..... Street name .....

Suburb ..... State ..... Postcode .....

### 5 LANGUAGE AND CULTURAL DIVERSITY

5.1 What country were you born? Australia  Other, please specify .....

5.2 Language other than English spoken at home

No, English only  Yes, please specify .....

5.3 Are you of Aboriginal or Torres Strait Islander descent?

No  Yes, Aboriginal  Yes, Torres Strait Islander  Yes, both Aboriginal and Torres Strait Islander

### 6 SPECIAL NEEDS

6.1 Do you consider yourself to have a special need e.g. casual worker, need a qualification to secure/maintain employment, recently affected by a natural disaster, learning needs?

No  Yes, please specify .....

### 7 SCHOOLING

7.1 What is your highest **COMPLETED** school level? Tick **ONE** box only

Year 12 or equivalent  Year 11 or equivalent  Year 10 or equivalent

Year 9 or equivalent  Year 8 or below  Never attended school

7.2 In which year did you complete school? .....

**8 PREVIOUS QUALIFICATIONS ACHIEVED**

8.1 Have you successfully completed any of the following qualifications (tick any applicable boxes)?

- Bachelor degree or Higher degree     Advanced diploma or Associate degree     Diploma or Associate diploma
- Certificate IV (or Advanced Certificate/Technician)     Certificate III (or Trade Certificate)     Certificate II
- Certificate I     Certificate other than the above     No

8.2 Are you seeking recognition of prior learning (RPL) towards this course on the basis of previous learning or work experience?

- Yes     No

**9 STUDY REASONS**

Of the following categories, which **BEST** describes your main reason for undertaking the course. Tick **ONE** box only:

- To get a job     To get a better job or promotion     A requirement of my job
- Extra skills for my job     To get into another course of study     Personal interest/self-development
- Other reasons .....

**10 EMPLOYMENT DETAILS**

Please describe your current employment status. Tick **ONE** box only:

- Full-time employee     Part-time employee     Self employed (not employing others)
- Employer     Unemployed (seeking full-time work)
- Unemployed (seeking part-time work)     Unemployed (not seeking work)

Place of employment .....  Public     Private     Other .....

Ward/Unit/Department .....

Area Health Service .....

Applicant's signature .....

**11 HOW DID YOU HEAR ABOUT THIS COURSE?**

- College website     College flyer     At work (e.g. from NUM/CNC)     College handbook
- Friend/colleague     Advertisement, specify .....
- Other, please specify .....

**PROGRAM ENROLMENT FEE PAYMENT METHOD**

Please find enclosed my cheque/money order for the sum of AUD \$..... made payable to The College of Nursing

**OR**

Please debit my:     Mastercard     Visa    Amount \$.....

Card no     -     -     -        Expiry date .....

Cardholder's name ..... Cardholder's signature .....

**PLEASE POST OR FAX YOUR COMPLETED ENROLMENT FORM TO:**

Student Services Centre, The College of Nursing  
 Locked Bag 3030, Burwood NSW 1805  
 Telephone (02) 9745 7500 • Freecall 1800 COLLEGE • Facsimile (02) 9745 7501

Successful applicants will be notified by mail **on receipt of correctly completed application.**

**PLEASE NOTE THE COLLEGE APPLICATION CRITERIA, CANCELLATION POLICY, REFUND POLICY AND PRIVACY STATEMENT ON THE WEBSITE: <http://www.nursing.edu.au/CPDcourses/>**